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Urban District Council

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*The*

# Annual Report

*of the*

MEDICAL OFFICER OF HEALTH

(J. LYONS,

M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

*and the*

SANITARY INSPECTOR

(T. W. TINDALL,

A.R.S.I., M.S.I.A.)

for 1951

HEBDEN BRIDGE:

KERSHAW & ASHWORTH LTD., MARKET STREET





**HEBDEN ROYD**  
**Urban District Council**

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**Annual Report**

*of the*  
**MEDICAL OFFICER OF HEALTH**  
**(J. LYONS,**  
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## **Public Health Staff**

### **HEBDEN ROYD U.D.C.**

#### **Medical Officer of Health—**

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

#### **Deputy Medical Officer of Health—**

G. A. WILTHEW, M.B., B.S., B.Sc.

#### **Sanitary Inspector—**

T. W. TINDALL, A.R.S.I., M.S.I.A.

### **WEST RIDING COUNTY COUNCIL**

#### **Preventive Medical Services : Health Division 19.**

Staff with duties in the Hebden Royd District.

#### **Divisional Medical Officer—As above (M.O.H.)**

#### **Deputy Divisional Medical Officer—As above (Deputy M.O.H.).**

#### **Medical Officers to Hebden Royd Maternity and Child Welfare Clinics—**

MADELEINE A. DOWDALL, M.B., Ch.B.,  
Hebden Bridge ;

T. M. CRAWFORD, M.B., Ch.B., Mytholmroyd  
C.W. Clinic.

#### **School Dental Officer—**

Vacant.

#### **Health Visitors—**

D. M. DACK, S.R.N., S.C.M.

R. I. M. SCHOLICK, S.R.N., S.C.M.

M. HILL, S.R.N., S.C.M., R.F.M.

(resigned 18th October, 1951)

**Tuberculosis Health Visitor—**

\*B. G. NICHOLL, S.R.N.

**Mental Health Social Worker—**

\*E. C. WROE, S.R.N., R.M.N., S.C.M., H.V.

**Midwife—**

M. COGAN, S.R.N., C.M.B.

\*D. SANDERSON, S.R.N., C.M.B.

**Home Nurses—**

I. COLLUMBELL, S.R.N., C.M.B.

\*A. M. SCHOLICK, S.R.N., S.C.M.

\*Have duties in other parts of the Division.

**HALIFAX AREA HOSPITALS MANAGEMENT  
COMMITTEE**

**Consultant Staff—**

Chest Physician:

BERTRAM MANN, B.Sc., M.D., D.P.H.

Ear, Nose and Throat Surgeon:

W. O. LODGE, M.D., F.I.C.S., F.R.C.S.(Edin.).

Ophthalmic Surgeon:

P. M. WOOD, M.B., Ch.B., M.R.C.P., D.O.M.S.

Orthopaedic Surgeon:

G. HYMAN, M.B., F.R.C.S.

# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

**Year ending December 31st, 1951**

Abraham Ormerod Medical Centre,  
Todmorden,  
October, 1952.

**To the Chairman and Members of the Council**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the fifth Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Borough of Todmorden, the Urban Districts of Sowerby Bridge and Ripponden, and the Rural District of Hepton. The scheme has led to a closer integration of all local authority health services.

The outstanding feature of the vital statistics is a sharp drop in the birth rate from 16.4 to 12.3 per 1,000 population accompanied by a continued high death rate of over 17 per 1,000. Deaths exceeded births by 51—a phenomenon rare in other parts of post-war Britain but by no means unprecedented in this district with its exceptionally high proportion of aged persons. The over 65's comprise nearly 15% of the Hebden Royd population, the corresponding figure for the County area as a whole being estimated at only 10.5. The planners of hospital and institutional accommodation would do well to take note of this local trend.

Other noteworthy statistical features are the maintenance of a low level of infant mortality and the complete absence of maternal mortality. There have in fact been no maternal deaths since 1946. This reflects considerable credit on the



work of the medical and social services and is a source of gratification to the doctors, midwives, and nurses, whose untiring efforts, whether in hospital or "on the district," are yielding such good results.

A more difficult problem is encountered in promoting the health and happiness of the aged, and their welfare continues to be a matter for concern. Waiting lists of those needing institutional or hospital care continue to grow and even urgent cases still cannot be dealt with as expeditiously as one would wish. The picture is not, however, uniformly gloomy. Magnificent efforts to rehabilitate the chronic sick and give them a new lease of more active life are being made by Dr. S. G. McComb, the Medical Officer at St. John's Hospital, Halifax. As a measure of his success there are at present several patients in St. John's Hospital who have improved sufficiently to leave their beds and to be transferred to County Welfare Homes, where they can lead a more active, more social, and less dependent existence. But the County Council is experiencing very great difficulty in meeting this new demand on their accommodation, with the result that some patients are being unnecessarily detained in hospital. This is bad for the morale of the patients concerned and even worse for those who urgently need to fill their places in the hospital. The hospital authority is finding it difficult enough to meet its own obligations without the additional embarrassment caused by the County Council's temporary inability to honour a statutory responsibility.

Far more is now being done to help those old folk who with some assistance can be reasonably fit and happy in their own homes, which is after all where they most want to be. The home help service has been extended in this Division, and a greater proportion of the home helps' working time is being devoted to the elderly. The home nursing service is working at full pressure and, although the nursing care of the aged is heavy work, often dirty, and sometimes thankless, the nurses are carrying on in the best tradition of their noble profession. The General Practitioners too deserve credit for their diligence with elderly patients. A periodic visit from the doctor, along with his smile and a chat, is often of greater value for these cases than any number of bottles of pigmented National Health Service liquor. The Health Visitors, combining the qualifications and experience of nurse and social worker, play an invaluable role as medico-social investigators of the more difficult cases. Their advice to patients and relatives has often smoothed a furrowed brow and their reports on home conditions have been of great value to the hospitals

in the assessment of priority for admission on social grounds. It cannot be too frequently stressed that the need for hospitalisation in the aged is dictated in nearly all cases by the social circumstances of the patients rather than by the nature of their illness. Improved facilities and assistance in the home can greatly reduce the pressure on "chronic-sick" beds.

Special credit must go to the Hebden Royd and Hepton Old People's Welfare Committee. Among their activities have been the routine visiting of old persons, and the organisation of social centres at Hebden Bridge, Mytholmroyd and Heptonstall. Valuable work has also been done by the Mytholmroyd Nursing Association in the provision of chiropody and others forms of minor treatment in the home not covered adequately by the National Health Service. Their work has included the loaning of an infra-red lamp to patients suffering from chronic rheumatism. Members of other voluntary organisations are also taking a more active interest in the aged. One hopes that all the organisations concerned will continue to expand their good work. If one may be allowed to offer them a practical suggestion it is that an attempt be made to provide a daily meals service for those who are alone and too infirm to do their own shopping and cooking. I have personally seen more malnutrition in the aged than in any other age group; a bread and jam diet accelerates the physical and mental deterioration of old age.

To turn to a social problem of a very different nature, namely that of children neglected or ill-treated in their own homes, one is able to report a new and interesting development. The causes of child neglect are numerous and varied and the handling of individual cases is correspondingly complex. Although the main burden falls on the broad and capable shoulders of the N.S.P.C.C., many other statutory and voluntary bodies including local authority departments are directly concerned. Co-ordination between all the officials concerned must be of the highest order if the basic causes of the neglect are to be treated. To ensure this the County Council, adopting the recommendations of a joint circular from the Home Office and the Ministries of Health and Education, has set up divisional co-ordinating committees under the chairmanship of the Divisional Medical Officers. The nucleus of the committee in the Todmorden/Sowerby Bridge Health Division consists of the local N.S.P.C.C. Inspector, the Divisional Education Officer, the Divisional Welfare Officer, Area Children's Officer, local Probation Officers, Area Officer of the National Assistance Board and last (but not least) the local Police Inspectors. Where additional



information or advice is required others may be called in, e.g., Chairman of the local Housing or Health Committee, Sanitary Inspector, Housing Manager, District Welfare Officer, Boarding-out Officer, Education Welfare Officer, Health Visitor, etc. Every case of suspected child neglect in the division, whether the neglect is wilful or otherwise, is reported to me as Chairman of the Committee, and is then discussed in detail at the meetings which are held at 2—3 monthly intervals. (Cases requiring urgent legal action, generally a small minority, are of course dealt with in the ordinary way directly by the N.S.P.C.C.) Possible lines of action are considered and debated at length, every member having uppermost in his mind the desirability of removing or mitigating the causes of the trouble by social action and so maintaining the unity of the family, though the institution of measures for the prosecution of the parents and removal of the child or children from the home have sometimes to be recommended. Where the latter course is chosen it generally falls to the N.S.P.C.C. Inspector to take the case to the Courts. His position and status in the court is strengthened by the fact that his action is supported by the carefully considered opinions of the members of the Committee who are prepared to give evidence if and when called upon to do so. It should be emphasised that the decisions of the Committee in no way interfere with the freedom of action of each individual officer (including the N.S.P.C.C. Inspector) who must always act in accordance with his conscience and his own specific duties. It is, however, a tribute to the harmonious working of the Committee that no official has so far been asked to take action with which he himself cannot agree.

In the majority of cases considered by the Committee some form of close supervision of the family is arranged and a decision made as to which department, or departments, should be responsible. This avoids the situation so often occurring in the past where a single family was visited at short intervals by a multitude of officials from different departments, each attempting in his or her own way, without consultation with other officers concerned, to pull the family out of the social morass into which it had sunk. They sometimes tugged in different directions with results which were, to say the least, ineffective and uneconomic, and the work of the N.S.P.C.C. was handicapped instead of helped.

The Committee has so far considered 13 cases of alleged neglect or ill-treatment and some idea of the depth and complexity of the problem may be given from the following statistical summary:—

Number of families investigated ... ..	13
Number with a history of serious marital discord, (e.g. divorce, separation, or frequent serious quarrels between parents) ... ..	11
Number with evidence of persistent irresponsibility or innate instability of the parents ... ..	10
Bad housing conditions ... ..	7
Illness in one or both parents ... ..	5
Number of families in receipt of National Assistance benefits over a long period ... ..	5
More than 4 children in the family ... ..	4
Intellectual sub-normality in either or both parents ... ..	4
Parents with police record ... ..	2
Known illegitimacy ... ..	1
Certifiable mental deficiency in either or both parents ...	Nil.

**Action Recommended or Endorsed by the Committee.**

	No. of families concerned.
Close informal supervision (including advice and instructions to parents) by the N.S.P.C.C. Inspector or local authority officer ... ..	12
Legal action by N.S.P.C.C. for the care and protection of the children by the local authority (Children and Young Persons Act, 1933) ... ..	3
Informal temporary admission of neglected children to County Children's Homes (Children's Acts, 1948)	4
Reference to N.S.P.C.C. headquarters (through the local Inspectors) for consideration of prosecution of parents for wilful neglect (Children and Young Persons Act, 1933) ... ..	2
Admission of neglected child to residential special school for educationally sub-normal pupils (Education Act, 1944) ... ..	1
Admission of neglected child to residential hostel for maladjusted pupils (Education Act, 1944) ...	1
Statutory notices served by Divisional Medical Officer on parents for cleansing of children (Education Act, 1944) ... ..	1
Arrangements by Divisional Medical Officer (after consultation with general practitioners) for voluntary admission to hospital or convalescent home of seriously ill parent (National Health Service Act, 1946) ... ..	3
Reference to local Housing Committee with strong recommendation for rehousing or relief of overcrowding (Housing Act, 1936) ... ..	2

Reference to relatives of parents for the provision of practical assistance for the neglected children or for the family as a whole ... ..	3
Reference to Medical Officer of Health for special care and supervision of tuberculous parent (Public Health Act, 1936) ... ..	1

The results of the Committee's work have so far been distinctly encouraging. All members are impressed by the better liaison and the greater effectiveness of measures taken. One would wish that there were similar opportunities for co-ordination in the much divided and disarticulated National Health Service.

In conclusion, I wish to thank the members of the Council for their kindness, patience and co-operation, and to thank Mr. Tindall, Sanitary Inspector, for his kindness and most willing assistance in helping me to tackle the numerous problems of the Health Department.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. LYONS, M.B., Ch.B., M.R.C.S.,

L.R.C.P., D.P.H.,

Medical Officer of Health.



# SECTION I

## Vital Statistics

### Statistics—

Area : 7,084 acres.

Population : Registrar-General's estimate of Resident  
Population, mid-1951, 10,180.  
1951 Census, 10,233.

Number of dwelling houses : 3,941.

Rateable Value : £66,537.

Product of a penny rate : £265 13s. 9d.

### Summary of Vital Statistics—

	Total	M	F	
Live Births— Legitimate Illegitimate	*123 2	60 —	63 2	Birth Rate per 1,000 of the estimated resident Population: <b>12.3</b>
Still Births— Legitimate Illegitimate	4 —	1 —	3 —	Rate per 1,000 total (live and still) births: <b>31.</b>
All Deaths	174	71	103	Death Rate per 1,000 of the estimated resident population: <b>17.1</b>
Deaths of infants under 1 year— Legitimate Illegitimate	4 —	3 —	1 —	Infant Mortality Rate (Deaths under 1 year per 1,000 live births): <b>32.</b>

\* This figure includes births outside the Urban District to mothers  
normally resident in Hebden Royd.

# CAUSES OF DEATH IN HEBDEN ROYD DISTRICT

1951

CAUSE OF DEATH					M.	F
1.	Tuberculosis, respiratory	...	...	...	3	1
2.	Tuberculosis, other	...	...	...	—	—
3.	Syphilitic disease	...	...	...	—	—
4.	Diphtheria	...	...	...	—	—
5.	Whooping Cough	...	...	...	—	—
6.	Meningococcal infections	...	...	...	—	—
7.	Acute Poliomyelitis	...	...	...	—	—
8.	Measles	...	...	...	—	—
9.	Other infective and parasitic diseases	...	...	...	—	—
10.	Malignant neoplasm, stomach	...	...	...	1	2
11.	Malignant neoplasm, lung, bronchus	...	...	...	1	—
12.	Malignant neoplasm, breast	...	...	...	—	1
13.	Malignant neoplasm, uterus	...	...	...	—	4
14.	Other malignant and lymphatic neoplasms	...	...	...	7	2
15.	Leukaemia, aleukaemia	...	...	...	—	—
16.	Diabetes	...	...	...	2	—
17.	Vascular lesions of nervous system	...	...	...	6	23
18.	Coronary disease, angina	...	...	...	5	5
19.	Hypertension with heart disease	...	...	...	5	1
20.	Other heart disease	...	...	...	11	32
21.	Other circulatory disease	...	...	...	5	3
22.	Influenza	...	...	...	2	3
23.	Pneumonia	...	...	...	6	1
24.	Bronchitis	...	...	...	6	7
25.	Other diseases of respiratory system	...	...	...	1	—
26.	Ulcer of stomach and duodenum	...	...	...	1	1
27.	Gastritis, enteritis and diarrhoea	...	...	...	—	—
28.	Nephritis and nephrosis	...	...	...	—	1
29.	Hyperplasia of prostate	...	...	..	1	—
30.	Pregnancy, childbirth, abortion	...	...	...	—	—
31.	Congenital malformations	...	...	...	—	3
32.	Other defined and ill-defined diseases	...	...	...	7	11
33.	Motor vehicle accidents	...	...	...	—	—
34.	All other accidents	...	...	...	1	2
35.	Suicide	...	...	...	—	—
36.	Homicide and operations of war	...	...	...	—	—
TOTAL, ALL CAUSES					71	103

# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951

Based on Registrar-General's Figures

	Hebden Royd U.D.	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales (Provisional figures)
<b>BIRTH RATE:—</b> (per 1,000 estimated population)	12.3	15.6	15.8	15.5
<b>DEATH RATES:—</b> (All per 1,000 estimated population). All Causes.	17.1	13.5	12.7	12.5
Infective and Parasitic Diseases (excluding Tuberculosis)*	Nil	0.11	0.10	**
Tuberculosis of Respiratory System	0.39	0.24	0.24	0.28
Other forms of Tuberculosis	Nil	0.04	0.04	0.04
Respiratory Diseases:— † (excluding tuberculosis of respiratory system)	2.55	1.90	1.81	**
Cancer	1.77	1.89	1.80	1.96
Vascular lesions of the nervous system	2.85	1.86	1.72	**
Heart and Circulatory Diseases ‡	6.58	5.10	4.72	**
<b>INFANT MORTALITY:—</b> (Deaths under one year per 1,000 live births)	32.0	30.8	31.8	29.6
<b>MATERNAL MORTALITY:—</b> (Deaths of mothers in childbirth per 1,000 live and still births).	Nil	0.81	0.93	0.79

\*Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

†Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡Combined death rate from heart disease and other diseases of the circulatory system.

\*\*Figures not available.



# Principal Vital Statistics for the year 1951:

Based on Registrar General's Figures

Comparison with neighbouring districts in County Health Division 19	Hebden Royd U.D.	Hepton R.D.	Todm'den M.B.	Sowerby Br'ge U.D.	Ripponden U.D.
BIRTH RATE:— (per 1,000 estimated population)	12.3	13.7	13.8	16.2	13.2
DEATH RATES:— (All per 1,000 estimated population). All Causes.	17.1	15.5	18.0	16.4	13.9
Infective and parasitic diseases *	—	0.25	0.16	—	—
Tuberculosis of respiratory system	0.39	—	0.26	0.32	0.38
Other forms of tuberculosis	—	—	—	—	—
Respiratory Diseases:—† (excluding tuberculosis of respiratory system)	2.55	2.70	3.01	2.13	1.32
Cancer	1.77	3.19	2.17	2.24	0.57
Heart and circulatory diseases‡	6.58	6.38	7.14	6.56	5.84
Vascular lesions of nervous system	2.85	0.98	2.06	2.13	3.58
INFANT MORTALITY:— (Deaths under one year per 1,000 live births)	32.0	71.4	34.4	23.1	57.1
MATERNAL MORTALITY:— (Deaths of mothers in childbirth per 1,000 live and still-births)	—	—	—	3.18	—

\* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from heart disease and other diseases of the circulatory system.

## **SECTION II**

### **General Provision of Health Services**

#### **A. Hospitals**

There is no hospital in Hebden Royd. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Hospital for Infectious Diseases, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children), and Todmorden Stansfield View Institution for mentally defective patients.

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g., Mental Hospitals, special Orthopaedic Hospital, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called " Leeds Hospital Region " which in fact extends into all three Ridings.

#### **B. Professional Nursing in the Home**

##### **Midwifery:**

The West Riding County Council employ two full-time midwives in the Hebden Royd area. One nurse is responsible for the work in the Hebden Bridge and Hepton districts; the other nurse's area covers the Mytholmroyd, Luddenden and Midgley districts.

##### **Home Nursing:**

There are two full-time Home Nurses working in the Hebden Royd Urban District. Their areas are the same as those worked by the two midwives.

#### **C. Ambulance Facilities**

The County Council took over the control of the ambulance formerly provided by the Hebden Royd and Hepton Joint Ambulance Committee towards the end of 1947 in anticipation

of the operation of the National Health Service Act, 1948. The garaging of this ambulance in Hebden Bridge was discontinued in October, 1950, and it has since been operated from the Ambulance Depot, Todmorden.

#### **D. Clinics and Treatment Centres**

**Pitt Street Clinic, Hebden Bridge.**—The Maternity and Child Welfare Clinic is held here every Wednesday and Thursday afternoon with Dr. M. A. Dowdall in attendance together with the Health Visitors, and an Ante Natal Clinic similarly staffed is held every Friday afternoon. The School Clinic is held every Wednesday morning and is attended by Dr. Wilthew. Sunlight clinics are held every Tuesday and Friday mornings.

**Scout Road Methodist Sunday School.**—Dr. T. M. Crawford attends the Maternity and Child Welfare Clinic at Mytholmroyd every other Wednesday afternoon.

#### **E. Laboratory Facilities**

These are provided by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at a central laboratory in Wakefield.

#### **F. Issue of Anti-Toxin, etc.**

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it. By arrangement with the Regional Hospital Board supplies of tetanus anti-toxin are also kept at the Divisional Health Office, The Medical Centre, Todmorden, for the use of local medical practitioners in the division. A supply of reagents for diphtheria and whooping cough immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's schemes of immunisation.

#### **G. Day Nursery Accommodation**

There is a Day Nursery situated in the centre of Hebden Bridge to which children from the Hebden Royd and the Hepton Districts, etc., can be admitted, priority for admission being granted according to the following categories:—

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is seeking work.



- (c) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (d) The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

Where vacancies still remain after the above categories have been dealt with priority is then given to mothers engaged in the textile or armament industries.

### SECTION III

#### W.R.C.C. PREVENTIVE HEALTH SERVICES

##### A. Care of Mothers and Young Children

###### HEBDEN ROYD ANTE NATAL CLINICS

Number of expectant mothers attending during year	...	95+
Total number of attendances	... ..	369+

###### HEBDEN ROYD CHILD WELFARE CLINICS

Number of children seen by doctor during the year	...	1,576+
Total number of attendances	... ..	4,357+

###### HOME VISITING OF INFANTS

Total number of live births to Hebden Royd mothers	125
Number of first visits to children under 1 year	... .. 119
Total number of visits to children under 1 year	... .. 809
Total number of visits to children aged 1—5 years	... .. 1,113

###### CARE OF PREMATURE INFANTS

Special equipment and nursing staff is available for use in the home in cases requiring them.

###### PROVISION OF MATERNITY OUTFITS

These are provided free to mothers preparing for confinement in their own homes.

+ These figures include mothers and children who are residing in the Hepton Rural District but who have attended the clinics at Hebden Royd.

##### B. Midwifery Service

Number of confinements at home	... ..	53
Number of confinements in hospital	... ..	76

C. Home Nursing Service. See Section II.

D. Ambulance Service. See Section II.

## **E. Health Visiting**

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

## **F. Home Helps**

In accordance with the National Health Service Act, the County Council provide domestic help for cases coming within the following classifications:—

1. Where there is illness in the home.
2. For an expectant mother.
3. For a confinement in the home.
4. Where needed because of a mentally defective person in the home.
5. Where needed because of illness or infirmity in the aged.
6. Where there are children of, or under, school age and the mother is ill or otherwise not able to care for them.

There was a considerable expansion of the work done by home helps during 1951. The total number of hours worked in the Hebden Royd district being 4,312, as compared with 3,233 hours in the previous year.

## **G. Care and After Care**

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

## **H. School Health Service**

Number of schools in district	...	...	...	...	8
Number of children in attendance at school at end of 1951					1,737
Number of children examined at school during 1951	...				855
this figure being made up as follows :—					

Routine examinations	...	...	...	376
Re-examinations	...	...	...	479

Number of above children referred for treatment	...	27
---	-----	----

## **I. Immunisation and Vaccination**

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

**Number of Children in Hebden Royd who had completed a full course of Immunisation at any time to 31-12-51.**

Age at 31-12-51 i.e. born in year	Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
	20	132	132	33	145	640	811	1913
Estimated Mid-year population	753					1142		1900

**Number of Children in Hebden Royd who completed a full course of Immunisation 1951**

	0-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Began and completed Injections 1951	20	119	11	-	1	7	4	6	3	3	3	3	2	-	-
Total 182															
Immunised in previous years re-treated 1951	-	-	-	-	2	53	57	63	33	32	30	26	-	-	22
Total 298															

**Vaccination Against Smallpox**

During the year 57 persons were vaccinated against smallpox. Of this number, 35 were infants under the age of one year.



## SECTION IV

### INFECTIOUS DISEASES

#### Summary of Notifications received in year 1951

DISEASE	Total Cases Notified					
Scarlet fever ... ..	...	...	...	...	...	4
Whooping cough ... ..	...	...	...	...	...	1
Acute poliomyelitis ... ..	...	...	...	...	...	—
Measles ... ..	...	...	...	...	...	80
Diphtheria ... ..	...	...	...	...	...	—
Acute pneumonia ... ..	...	...	...	...	...	3
Dysentery ... ..	...	...	...	...	...	4
Smallpox ... ..	...	...	...	...	...	—
Acute encephalitis ... ..	...	...	...	...	...	—
Enteric or typhoid fever ... ..	...	...	...	...	...	—
Paratyphoid fevers ... ..	...	...	...	...	...	2
Erysipelas ... ..	...	...	...	...	...	—
Meningococcal infection ... ..	...	...	...	...	...	—
Food poisoning ... ..	...	...	...	...	...	—
Puerperal pyrexia ... ..	...	...	...	...	...	—
Ophthalmia neonatorum ... ..	...	...	...	...	...	—
Pulmonary tuberculosis ... ..	...	...	...	...	...	7
Other forms of tuberculosis ... ..	...	...	...	...	...	1
						102

### Tuberculosis

The number of new cases notified during 1951 are given in detail in the following table :—

AGE PERIOD	NEW CASES			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0— I	—	—	—	—
I— 5	—	—	—	—
5—10	—	—	—	—
10—15	—	—	—	—
15—20	—	2	—	—
20—25	1	—	1	—
25—35	—	1	—	—
35—45	1	—	—	—
45—55	1	—	—	—
55—65	1	—	—	—
65 and over	—	—	—	—
Totals	4	3	1	—

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# ANNUAL REPORT

OF THE

SANITARY INSPECTOR

**Year ending December 31st, 1951**

Sanitary Inspector's Department,  
Council Offices,  
Mytholmroyd.

**To the Chairman and Members of the Hebden Royd  
Urban District Council**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my second annual report as your Sanitary Inspector and Cleansing Superintendent.

During the year under review, steady, if not spectacular, progress has been made in all sections of the work. There are, however, two major problems still confronting us, namely, housing and water supplies, both of supreme importance in the well-being of the community.

The demolition or re-conditioning of old and insanitary houses has had to be shelved since 1939 for a variety of good reasons, but it is felt that a serious attempt to tackle this important problem ought not to be much longer delayed.

There are still over eight hundred dwellinghouses in the area without a piped supply of water from the mains, a fact which cannot afford complacency, particularly should an outbreak of a water-borne disease occur in the district.

## **SANITARY CIRCUMSTANCES OF THE AREA**

Number of houses in the district ... ..	3941
Number of houses erected during 1951:—	
(a) by local authority ... ..	Nil
(b) by private builders ... ..	2
Number of houses demolished during 1951 ... ..	1
Number otherwise ceased to be used as dwellinghouses	1

**Water Supply**

Water is obtained in bulk from the Halifax Corporation and distributed by the Council, and there is in addition a number of private supplies in the district.

Number of dwellinghouses on public supply	...	...	3129
Number of dwellinghouses not on public supply	...	...	812

During the year an extension to the mains of 74 yards in Camden Road, Hebden Bridge, has been made.

**Sewerage and Drainage**

No extensions and no improvements to existing sewers have been made during 1951.

There are still 425 houses not connected to sewers, most of which are situated in outlying districts where no sewer is available.

**Closet Accommodation**

Number of privies with covered middens	...	...	...	3
Number of pail closets	...	...	...	285
Waste water closets	...	...	...	13
Water closets	...	...	...	3922
Number of pail closets converted to water closets	...	...	...	3
Number of additional closets installed during 1951:—				
			Water Closets.	Others.
(a) for old property	...	...	11	Nil
(b) for new houses	...	...	2	Nil
Total number of closets in the district	...	...	...	4223
Closets on water carriage system	...	...	...	92.87%

**SANITARY INSPECTION OF THE AREA**

Summary of inspections made during the year:—

Dwellinghouses (under Public Health and Housing Acts)	559
Drains examined and tested	... .. 73
Places of entertainment, inns, etc.	... .. 20
Atmospheric pollution:	
Smoke observations	... .. 34
Atmospheric pollution recordings	... .. 248
	————— 282
Offensive trades	... .. 4
Water supplies	... .. 14
Infectious diseases	... .. 19
Common lodging houses	... .. 6
Moveable dwellings	... .. 8



Food:					
Food inspection	...	...	...	...	26
Catering establishments	...	...	...	...	34
Food shops	...	...	...	...	65
Bakehouses	...	...	...	...	37
Butchers' shops	...	...	...	...	31
Fried fish shops	...	...	...	...	34
Ice cream	...	...	...	...	47
Preserved foods	...	...	...	...	16
Dairies and milk retailers' vehicles	...	...	...	...	5
School canteens	...	...	...	...	1
Markets	...	...	...	...	4
					— 300
Factories:					
Mechanical	...	...	...	...	47
Non-mechanical	...	...	...	...	11
Workplaces	...	...	...	...	8
Outworkers' Premises	...	...	...	...	27
Means of escape in case of fire	...	...	...	...	11
					— 104
Shops Act	...	...	...	...	20
Rodent control	...	...	...	...	25
Alleged filthy or verminous premises	...	...	...	...	9
Rag Flock Act	...	...	...	...	2
Interviews with owners and contractors on site	...	...	...	...	32
Miscellaneous visits	...	...	...	...	5
Refuse collection and disposal	...	...	...	...	118
Salvage	...	...	...	...	33
Samples taken:—					
Water—					
Public supplies	...	...	...	...	4
Private supplies	...	...	...	...	35
Plumbo-solvency	...	...	...	...	6
					— 41
Milk—					
Designated	...	...	...	...	17
Undesignated	...	...	...	...	10
Biological	...	...	...	...	5
					— 32
Ice Cream	.....	...	...	...	27

## NUISANCES AND GENERAL INSPECTIONS

118 complaints were received and investigated during the year. An analysis of these complaints shows that 31 (or 26%) were in respect of housing defects, 31 (26%) concerned defective drainage, and 27 (23%) were complaints of rodent infestation.

Number of notices outstanding at 31st		
December, 1950	19	1
Number of notices served	97	6
Number of notices complied with	92	4
Number outstanding at 31st Dec., 1951	24	3

During the year, legal proceedings were instituted in one case of failure to comply with a statutory notice, and a nuisance order was made by the court.

### **SANITARY IMPROVEMENTS CARRIED OUT UNDER THE SUPERVISION OF THE DEPARTMENT (excluding Factories and Food Premises)**

Defective dustbins replaced	...	...	...	...	33
Defective sanitary pails replaced	...	...	...	...	5
Obstructed drains released and cleansed	...	...	...	...	12
Drains amended or relaid	...	...	...	...	9
Additional water closets installed	...	...	...	...	13
Additional sinks installed	...	...	...	...	2
Additional baths installed	...	...	...	...	1
Defective sink waste pipes repaired	...	...	...	...	3
Defective rain water pipes repaired or renewed	...	...	...	...	6
Rain water pipes provided	...	...	...	...	6
Defective eaves gutters repaired or renewed	...	...	...	...	4
Dirty water closet apartments cleansed and limewashed	...	...	...	...	1
Pail closets converted to water closets	...	...	...	...	3
Defective water closet cisterns repaired	...	...	...	...	1
Defective sinks renewed	...	...	...	...	1
Water supply cisterns and pipes cleansed or renewed	...	...	...	...	7
External walls pointed or rendered	...	...	...	...	11
Leaking roofs and skylights repaired	...	...	...	...	6
Offensive accumulations removed, and yards and out-	...	...	...	...	...
buildings cleansed	...	...	...	...	8
Internal walls and ceilings re-plastered	...	...	...	...	5
Yards, etc., paved and drained	...	...	...	...	2
Defective doors and window frames repaired	...	...	...	...	7

### **HOUSING**

During the year, representations were made in respect of three houses. A Demolition Order was made in one case, and an undertaking to render the house fit for habitation was accepted in another. In the third case the owner is due to be heard in January, 1952.

Three cases of overcrowding were found during the year and one was abated by transfer to a Council house.

Thirty-two houses were inspected and recorded for future action when the time is opportune, and were categorised as follows:—

Considered to be unfit for habitation	...	...	29
Requiring major repairs or re-construction	...	...	3
Requiring only minor repairs	...	...	—
In all respects fit for habitation	...	...	—

It is felt that a survey of the whole district on the lines of that carried out in rural areas would provide valuable information upon which a programme for future action could be based. But, in the absence of the necessary staff, such a survey is impracticable, without seriously jeopardising the remainder of the work.

### PLACES OF ENTERTAINMENT

The sanitation provided at public houses, etc., in the district is, on the whole, satisfactory. During the year, artificial lighting was fixed in the conveniences at one public house, and improved ventilation provided in the conveniences at a cinema.

The temporary conveniences provided at the Hebden Bridge Show were inspected and found to be unsatisfactory, both as regards adequacy and methods of disposal. The organisers of the show have agreed to submit proposals for improved conveniences and it is hoped to secure better arrangements both for conveniences and the storage of refuse at future shows.

### ATMOSPHERIC POLLUTION

#### Observations at Redacre Sewage Works, Mytholmroyd

	Rainfall (mms)	Total Solid Deposit (tons per sq. mile)	Atmospheric Sulphur (mgms. per 1000 sq. cm.)
January	... 103	12.12	16.2
February	... 107	16.47	11.1
March	... 116	17.28	10.0
April	... 57	18.33	4.3
May	... 88	10.14	6.0
June	... 33	23.25	9.9
July	... 79	21.33	7.5
August	... 110	25.13	8.3
September	... 57	24.56	9.0
October	... 40	11.96	16.7
November	... 234	25.81	12.8
December	... 180	22.40	18.9

Of the thirty-four observations of factory chimneys, smoke nuisances were found on five occasions. Four of these



were in respect of one chimney, and, after strong representations, the firm concerned agreed to fit mechanical stokers, installation of which is expected in the early part of 1952.

During the year, the Council made new draft smoke abatement byelaws which were submitted to the Minister of Housing and Local Government and approved by him in September. The new byelaws specify a maximum emission of two minutes in half an hour.

## WATER SUPPLIES

Of the thirty-two samples of water obtained from private supplies for bacteriological examination, eleven were found to be unsatisfactory. The owners concerned were required to cleanse the cisterns and supply pipes, and to take steps to protect the supplies from contamination. Subsequent samples taken were found to be satisfactory.

Three samples of water were submitted for chemical analysis. Two were found to be satisfactory and one of doubtful organic purity. Investigations in this case are still proceeding.

All the samples of water obtained from public supplies were found to be satisfactory on bacteriological examination, and the six samples taken for plumbo-solvency were all negative.

The fact that, as in previous years, a high percentage of samples taken from private supplies showed evidence of contamination is sufficient proof, if any is needed, of the necessity for a wholesome supply to every home of water which is adequately treated and protected.

## FOOD

### Food Inspection

During the year, a total of 3 cwt. 3 qrs. 19½ lbs. of food was condemned and destroyed, made up as follows:—

					cwts.	qtrs.	lbs.
Cheese	...	...	...	...			6½
Oats	...	...	...	...			2
Flour	...	...	...	...		2	21
Fruit	...	...	...	...			19
Food in containers:							
Fish products	...	...	...	93			
Meat products	...	...	...	147			
Fruit and vegetables	...	...	...	59			
Milk and milk products	...	...	...	23			
Miscellaneous	...	...	...	5	2	3	27

## Preparation, Storage and Sale of Food

Type of Premises	Number on Register	Number of Inspections	Number of Defects Found	Number of Defects Remedied
Catering Establishments	40	34	17	11
Food Shops	58	65	58	28
Bakehouses	18	37	8	8
Fried Fish Shops	14	34	8	8
Butchers' Shops	18	31	2	2
Preserved Food	11	16	—	4
School Canteens	4	1	1	1
Markets	1	4	—	—

During the year, one cafe closed down and three new snack bars and one restaurant were opened. There have been no new fried fish shops opened during the year, and one shop, which has not been in use for some considerable time, has been removed from the register. As a result of representations made concerning one fried fish business, which is carried on in premises totally unsuitable for the purpose and incapable of being brought up to the requisite standard, it is expected that the shop will be finally closed early in 1952. Two additional premises were registered for the storage and sale of ice cream during the year, and three shops ceased to handle ice cream.

The following is an analysis of the type of defects found and the improvements effected at food premises:—

Defects.	Number found.	Number remedied.
Walls, floors, ceilings, etc., structurally defective	14	12
No proper accommodation for the storage of food ... ..	2	1
Inadequate ventilation ... ..	7	5
Inadequate washing facilities ... ..	6	3
Lack of cleanliness of premises and utensils ...	28	25
Food not protected against contamination ...	9	5
No hot water available ... ..	10	8
Lack of personal cleanliness ... ..	4	1
Offences against byelaws ... ..	11	1
No proper accommodation for storage of refuse	2	1
Defective fittings and apparatus ... ..	1	—

It will be noted from the above table that lack of cleanliness of premises and utensils represents by far the largest

number of contraventions found. This emphasises the need for regular and frequent inspection of all food premises, but to maintain the desired frequency of inspection would very nearly occupy one inspector full time.

There are several food shops in the area, chiefly grocers and confectioners, which are also receiving agencies for boot repairs and laundry. No matter what care is taken, the handling of such articles in food shops is strongly to be deprecated.

### Ice Cream

Number of manufacturers on register at 31st December, 1951	...	...	...	...	...	2
Number of retailers on register at 31st December, 1951	...	...	...	...	...	29

During the year the sale of ice cream at three shops was discontinued, and two new premises were registered. Forty-seven visits were made, and in only one case was it necessary to find fault with the methods of handling.

Twenty-seven samples of ice cream were submitted to bacteriological examination, with the following results:—

Type of Ice-cream	Provisional Grade			
	I	II	III	IV
Pre-wrapped	5	6	4	0
Loose	7	1	3	1

### Milk and Dairies

Number of distributors on register	...	2
	Dealers.	Supple-mentary.
Licences in force in area:—		
Tuberculin-tested (pasteurised)	1	4
Pasteurised	...	4
Tuberculin-tested	1	—

Samples:— Results of bacteriological examination:—

Grade	Number of samples taken.	Number satisfactory.	Number unsatisfactory.
Tuberculin-tested	10	9	1
Accredited	1	1	—
Pasteurised	6	5	1
Ungraded	10	10	—



In addition, five samples were examined biologically for the presence of tubercle bacilli and all gave negative results.

## FACTORIES, WORKPLACES AND SHOPS

### Factories Acts, 1937 and 1948

Premises	Number on Register	Number of		Prosecutions
		Inspections	Writt'n N'tic's	
(1) Factories in which Sections 1, 2, 3, 4 and 6, are enforced by Local Authority .....	7	11	2	—
(2) Factories (not included in (1) above) in which Section 7 is enforced by Local Authority .....	151	46	5	—
(3) Other premises in which Section 7 is enforced by Local Authority .....	—	—	—	—

Cases in which defects were found:—

Defects	Outstanding Dec. 1950	Number of defects		Outstanding Dec. 1951	Prosecutions
		Found 1951	Remedied 1951		
Want of cleanliness .....	1	2	1	2	—
Overcrowding .....	—	1	1	—	—
Unreasonable temperature .....	—	—	—	—	—
Inadequate ventilation .....	—	1	1	—	—
Drainage of floors .....	—	—	—	—	—
Sanitary Conveniences:—					
(a) Insufficient .....	—	1	—	1	—
(b) Unsuitable or defective.....	4	6	4	6	—
(c) Not separate for sexes .....	1	5	4	2	—
Total .....	6	16	11	11	—

### Outworkers

There are 70 outworkers on the register, an increase of six over the previous year. All these workers are engaged in the clothing trade, and no instances were found in which work was carried out to the detriment of the health of the workers.

### Shops Act

Twenty inspections were made and contraventions were found at eight shops, as follows:—

	Found.	Remedied.
Sanitary accommodation not separate for sexes ... ..	3	3
Defective sanitary conveniences ...	3	3
No sanitary accommodation provided	1	1
Ventilation of shops inadequate ...	1	—

The outstanding item, noted above, was in the hands of a contractor at the end of the year.

## **RODENT CONTROL**

Two maintenance treatments were carried out on the sewers at six-monthly intervals in addition to the annual test-baiting. Infestation was again found to be limited to isolated pockets.

A total of forty-four premises, comprising twenty-two dwellinghouses, thirteen business premises, five agricultural properties, and four properties owned by the local authority, were inspected for the presence of rats or mice. Of these, fourteen premises were found to be infested by rats and seven by mice, and were all successfully treated by the Department's rodent operative.

During the year, one notice was served requiring treatment to be carried out, and three notices were served requiring rat-proofing of premises.

Throughout the year, close watch has been maintained on the Council's refuse tip and treatment carried out immediately on the first sign of infestation, with the result that no major infestations have been allowed to develop and infestation has been kept down to a minimum.

## **REFUSE COLLECTION AND DISPOSAL**

The total quantities of refuse collected and tipped during the year were as follows:—

Domestic refuse	...	...	1743 loads.
Night soil	...	...	302 loads.
Trade refuse	...	...	172 loads, and 3,636 bins.

The total nett cost of refuse collection and disposal for the financial year ended 31st March, 1951, was £4,498 5s. 3d., a reduction of £193 10s. 3d. on the previous year. The cost per load worked out at 39/9.

Delivery was obtained in October, 1951, of one new Karrier "Bantam" 7 cubic yard refuse collector to replace an old vehicle of the same type which has been relegated to spare. The new vehicle is used mainly on the outlying parts of the district and for the collection of night soil.

The labour position eased slightly in 1951, and staff changes have been much less frequent, with a consequent improvement in the efficiency of the service.

## SALVAGE

The year under review was a very successful one, particularly with regard to waste paper.

With effect from April, the Council put into operation a bonus scheme to encourage the collection of salvage, with satisfactory results, output rising steadily to 16 tons 1 cwt. in December, the highest monthly output since 1942.

Material.		Tons.	Cwts.	Qrs.	£	s.	d.
Waste paper	...	121	13	3	1667	4	2
Textiles	...	2	9	1			
Scrap metal	...	3	15	0			
String, etc.	...		3	0	47	7	3
		128	1	0	1714	11	5

In conclusion, I wish to thank the Chairman of the Health Committee and members of the Council for their wholehearted support and co-operation, and, in particular, I would like to express my thanks to your Medical Officer of Health for whom I have the highest regard and respect. Such a happy state of co-operation between members of the health team is bound to produce good results.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

THOS. W. TINDALL, A.R.S.I., M.S.I.A.,  
Sanitary Inspector and Cleansing Superintendent.











